

MAY 17 2010

NEBRASKA DEPARTMENT OF EDUCATION

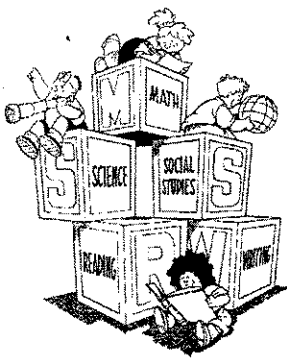
Roger D. Breed, Ed.D., Commissioner

Scott Swisher, Ed.D., Deputy Commissioner

301 Centennial Mall South ■ P.O. Box 94987 ■ Lincoln, Nebraska 68509-4987

Telephone: 402-471-2295 (Voice/TDD) ■ Fax: 402-471-0117

<http://www.nde.state.ne.us/>



May 10, 2010

Scott Holmes
Lincoln-Lancaster County Health Department
3140 N Street
Lincoln, NE 68510

Re: 96-5508-248-ARRA-C-4-10 Child Care Connection for Parents of Children with Special Needs

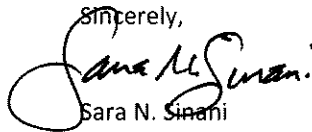
Dear Scott:

Please find enclosed your copy of the Grant Award Notification in the amount of \$21250 for the grant period of 5/1/2010 to 9/30/2011.

New procedures resulting from the NDE Grants Management System require NDE to only reimburse grantees for funds expended. Please feel free to request funds based on expenditures as often as necessary to accommodate your cash flow needs.

The *Report of Expenditures and Estimated Requirements of Grant Funds* form used to request funds, and instructions for completing this form, may be found on the web at www.nde.state.ne.us/ADSS/NDE28003.pdf. Please complete and print this form, obtain the signature of the Authorized Representation and mail it to the above NDE address to the attention of Sara N. Sinani, Special Education Office. Please include the appropriate ledger printout sheet showing all expenditures for the dates corresponding to the Report of Expenditures. If you cannot access the form on the web for any reason, please contact me and I will send you a paper copy.

If you have any questions regarding your grant award and/or payments, please do not hesitate to contact me at (402) 471-2471.

Sincerely,

Sara N. Sinani

cc: Greg Prochazka

Enclosure

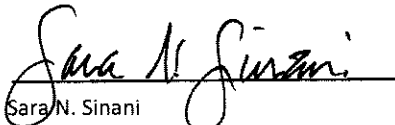
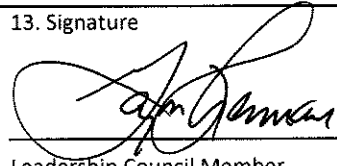
State Board of Education

Kandy Imes President District 7 1850 20 th Street Gering, NE 69341	Jim Scheer Vice President District 3 P.O. Box 16 Norfolk, NE 68702	Robert Evnen District 1 301 South 13th Street Suite 500 Lincoln, NE 68508	Mark Quandahl District 2 4885 South 118 th St. Suite 100 Omaha, NE 68137	Rebecca Valdez District 4 3922 South 23 rd Street Omaha, NE 68107	Patricia H. Timm District 5 1020 North 21 st Street Beatrice, NE 68310	Fred Meyer District 6 1580 Highway 281 St. Paul, NE 68873	Joe Higgins District 8 5067 South 107 th Street Omaha, NE 68127
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NEBRASKA DEPARTMENT OF EDUCATION (NDE)
301 Centennial Mall South
Lincoln, Nebraska 68509-4987

GRANT AWARD NOTIFICATION

Grant Award Date: 5/10/2010

<p>1. Name and Address of Grantee (Subrecipient) Agency</p> <p>Lincoln-Lancaster County Health Department 3140 N Street Lincoln, NE 68510</p>	<p>2. Amount of Grant</p> <p>From: \$ <u>21250</u></p> <p>To: \$ _____</p>	<p>3. Project Number</p> <p>96-5508-248-ARRA-C-4-10</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Amended</p> <p><input type="checkbox"/> Amount of Grant</p> <p><input type="checkbox"/> Grant Period</p> <p><input type="checkbox"/> Project Description</p> <p><input type="checkbox"/> Other</p>
<p>4. Project Title</p> <p>Child Care Connection for Parents of Children with Special Needs</p>	<p>5. Nebraska Department of Education Contact Person/Phone Number</p> <p>Carol McClain @ (402) 471-2471</p> <p>Grantee Contact Person/Phone Number</p> <p>Scott Holmes @ (402) 441-8019</p>	
<p>6. Federal Tax Identification Number (Grantee)</p>	<p>7. Grant Period</p> <p>From <u>5/1/2010</u> To <u>9/30/2011</u></p>	<p>8. Catalog of Federal Domestic Assistance Number</p> <p>84.393</p>
<p>9. Funding Source</p> <p><input checked="" type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	<p>10. Coding (NDE USE ONLY)</p> <p>13487804.591100</p>	
<p>11. Terms and Conditions of Award:</p> <p>A. This Grant shall be in effect for a designated period of the Grant award unless otherwise terminated or suspended.</p> <p>B. Program evaluation and fiscal reports will be completed and submitted as required; activities must be in accordance with approved application and budget.</p> <p>C. Amendments must follow procedures detailed in the application instructions.</p> <p>D. The obligation period of the Grant is identified in Block 7, purchases cannot be made prior to or after this Grant Period. All obligations should be liquidated within 45 days after ending date of Grant. At the completion of the project, a final request for funds accompanied by the final report of expenditures must be submitted to NDE.</p> <p>E. Funds will be distributed using a Report of Expenditures and Estimated Requirement of Grant funds (NDE 28-003) according to established procedures.</p> <p>F. Record and Report of Finance (NDE 28-004) must accompany NDE 28-003 when documenting Actual Expenditures. Grantee can substitute a computer printout in lieu of NDE 28-004 if it contains the same information.</p> <p>G. Records will be maintained for equipment acquired and the equipment will remain under the administrative control of the Grantee. (Federal Regulations 34 CFR 80.3, 80.32 and 80.42.) The Secretary of State Record Retention Schedule is also applicable to records retention.</p> <p>H. Federal regulations relating to construction must be followed if funding is used for this purpose.</p> <p>I. The applicant assures NDE that the project will be conducted in accordance with all applicable state and federal statutes and regulations as per the Grantee's signed application.</p> <p>J. If the Grantee expends a total of \$500,000 or more during Grantee's fiscal year from <u>all</u> federal funding sources, the Grantee shall have either a single audit or a program-specific audit made for such fiscal year in accordance with the Single Audit Act, as amended by the Single Audit Act Amendments of 1996, and a copy of the complete audit report must be submitted to the NDE Offices no later than nine months after the audited period ends.</p> <p>K. Funding to Grantee is contingent upon receipt of IDEA funds by the Nebraska Department of Education.</p> <p>L. See attached special terms and conditions, if applicable</p>		
<p>12. Grant Approval</p> <p> Sara N. Sinani</p> <p style="text-align: center;"><u>5/10/2010</u> Date</p>		<p>13. Signature</p> <p> Leadership Council Member</p> <p style="text-align: center;"><u>5/11/10</u> Date</p>

TERMINATION AND SUSPENSION OF GRANT

This Grant shall be in effect for the period designated in the Grant Award unless terminated as set out below. Termination may occur as follows:



1. Either party may terminate this Grant by written notice of not less than 30 days to the other whenever it is.
2. The Department of Education (NDE) or Grantee may terminate this Grant in whole or in part when both parties agree that continuation under the Grant would not produce beneficial results commensurate with the future expenditure of funds. The parties shall agree upon the termination conditions, including the effective date, and in case of partial termination, the portion to be terminated. Grantee shall not incur new obligations for any terminated portion after the effective date.
3. NDE may terminate this Grant in whole or in part when federal funding is terminated, suspended, reduced, not released or otherwise not forthcoming.
4. NDE reserves the right to withdraw Grantee's authority to obligate funds provided pursuant to this Grant pending corrective action by Grantee or a decision to terminate this Grant.

FEDERAL REQUIREMENTS

1. Grantee assures NDE that the project will be conducted in accordance with all applicable federal statutes and regulations including but not limited to the Family Educational Rights and Privacy Act (FERPA) and implementing regulations (34 CFR 99) and the requirements of the Individuals with Disabilities Education Act (IDEA) and implementing regulations (34 CFR 300) and all applicable Education Department General Administrative Regulations (EDGAR) referenced in CFR 300.3.
2. Grantee agrees to comply with the (a) "lobbying", and; (b) "debarment, suspension, and other responsibility matters" regulations and will complete and submit to NDE the required consolidated certification form.

LETTER OF INTENT

Name and Title of Agency Administrator Bruce D. Dart, Health Director	Name and Title of Project Director Scott Holmes
Name of Agency Lincoln-Lancaster County Health Department	Address (Include Street, City & Zip) 3140 N Street, Lincoln, NE 68510
County Name Lancaster	Telephone Number (Include area code) (402) 441-8019 Fax Number (Include area code) (402) 441-6229 e-mail address: sholmes@lincoln.ne.gov
Title of Project Child Care Connection for Parents of Children with Special Needs	Amount Applying for (Total) \$ 21,250
Proposed Project Duration 5-1-2010 TO 9-30-2011 Month, Day, Year Month, Day Year	Application Date 4-12-2010 Continuation
Brief Program Description Funding is requested to retain 25 FTE Resource and Referral Specialist to assist parents of infants, toddlers, and young children with special needs to access child care in Lincoln and Lancaster County. Child Care Connection is a free resource and referral services used by thousands of parents and guardians searching for licensed child care operators. Parents of children with special needs, parents needing care from a provider of a specific culture, needing unusual work hours, or parents needing more guidance on child care options can call the Resource and Referral Specialist to get specific information on providers.	


 Signature and Title of Authorized Agency Official
 
 Date

Signature and Title of other agency participants

Signature and Title of other agency participants

RETURN TO: Office of Special Education
 Nebraska Department of Education
 301 Centennial Mall South
 P. O. Box 94987
 Lincoln, NE 68509-4987

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (nonprocurement)." The Certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS


As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110 -

- A. The applicant certifies that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- B. Where the application is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

As the duly authorized representative of this applicant, I hereby certify that the applicant will comply with the certification for (indicated by mark in appropriate box)

☒ Lobbying

☒ Debarment, suspension and other responsibility matters.

Agency Number and Name Lincoln-Lancaster County Health Department	Printed Name and Title of Authorized Representative Bruce D. Dart, Health Director
Signature 	

NDE USE ONLY

This form is being signed because of federal requirements relating to the Individuals with Disabilities Act (IDEA):

- ☐ Deaf/Blind – Part G
- ☒ Part C – Handicapped Infant and Toddler Program [P.L. 99-457] [Below Age 2]
- ☐ Part B – Grants to States [Ages 3 to 21]
- ☐ Preschool Grants for Handicapped Children ["Section 619"] [Ages 3 to 5]
- ☐ Other [_____]

ABSTRACT*

OBJECTIVES

1. Parents of children with special needs have knowledge of and access to the Child Care Connection to assist them with locating childcare in Lincoln and Lancaster County
2. Foster parents and Protective Services staff are aware of the Child Care Connection to access care for children in the Foster Care System
3. Members of the Lincoln Early Childhood Planning Region Team are aware of the Child Care Connection to assist with resources for parents of children with special needs
4. Work with Center for Children, Families, and the Law (CCFL) to pursue transition of the online data available through the Child Care Connection to the NRRS online system with enhancements from CCC supplemental provider information to assure a seamless resource and referral system.

ACTIVITIES

1. Maintain record of parents with children with special care needs inquiring for care
2. EDN supervisor and Resource and Referral Specialist will provide information to Protective Service staff for children referred through CPS.
3. Present information to members of Region #18 Planning Region Team on the services available through the Child Care Connection. Survey the members for pre/post knowledge.
4. Coordinate with Charlie Lewis of CCFL to provide information from CCC to CCFL's web based database

METHOD OF EVALUATION

1. Data will be available on the numbers of parents seeking child care for children with disabilities as a percentage of the total number of parents seeking care. Needs based data will be maintained (i.e. Accessing care for children with language challenges, behavior challenges, special health care needs etc)
2. Documentation of information provided to CPS staff with pre/post results.
3. Provide pre/post results for survey information on knowledge of the Child Care Connection to Planning Region Team members.
4. Assure information gathered through CCC is provided to CCFL and in turn, is available through CCFL to parents and guardians who access information through NRRS for child care.

Other Comments:

*Please attach a Rationale and Support Materials

BUDGET FORM FOR DISCRETIONARY FUNDS

Professional Salaries (<u>.25</u> FTE*)	\$1,250 per mo Resource and Referral Specialist for 17 months
Clerical (<u> </u> FTE*)	_____
S.S., Retirement, Insurance	____(included in salary information above)____
Supplies	_____
Equipment (Itemize on reverse)	_____
Staff Travel	_____
Postage/Communications	_____
Printing	_____
Indirect Costs	_____
Other: (Please specify)	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL COST OF PROJECT	<u><u>\$21,250</u></u>

- Name of Coordinator: Sandra Tryon